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Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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SAMHSA MAI-CoC Webinar – May 23, 2017
Retention in Care 2:
Best Practices in Trauma Informed Care for PLWH,
In Recovery and People At-Risk

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http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars

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The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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Disclosure

The faculty:
  Mary Blake C.R.E., I.T.E, and Eugenia Sousa have no financial interests to disclose.

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Learning Objectives

By the end of this session grantees will be able to:

- Understand what adverse childhood events (ACEs) are and their prevalence and impact on PLWH, in recovery and persons who are at risk.
- Recognize the link between client retention and providing trauma informed care.
- Identify the concrete steps their organization can take to provide trauma informed care.
- List the benefits of becoming a trauma informed care organization.

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Retention in Care 2:
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Goal: Implement and study a trauma-informed approach throughout health, behavioral health, and related systems.

SAMHSA'S Comprehensive Public Health Approach to Trauma	• Integrate an understanding of trauma and strategies for implementing a trauma-informed approach across SAMHSA, interested federal agencies, and other public service sectors.
SAMHSA's Approach to Community and Historical Trauma	• Develop SAMHSA's framework for community and historical trauma and a trauma-informed approach for communities
SAMHSA's Trauma Technical Assistance Coordination Strategy	• Coordinate and align SAMHSA's trauma technical assistance and training activities
SAMHSA's Trauma Measurement Strategy	• Develop and implement measures for population surveillance, client level data, facilities surveys and quality measures

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The Central Role of Trauma

School/Job/Work place Issues

Family & Parenting Issues

Homelessness, Housing Insecurity

Substance Use Problems

Violence and Trauma

Incarceration

Social and Relationship Problems

Chronic Health Problems

Suicide
PTSD
Depression
Schizophrenia

Mental Health Problems

✗SAMHSA
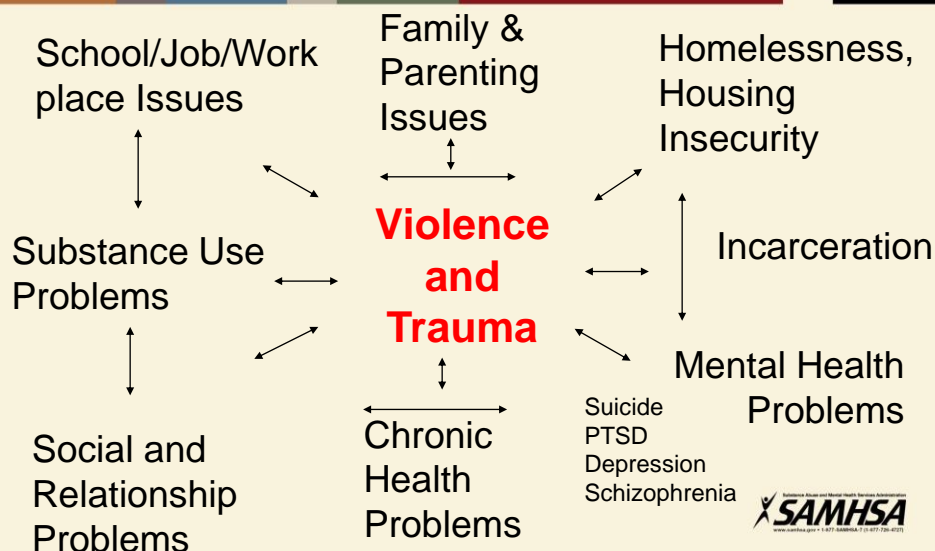
The Impact of Trauma

- Trauma is cumulative
- Trauma affects the developing neurophysiological system
- Trauma increases likelihood of health risk behaviors (smoking, drinking, overeating) as means of coping
- Trauma is directly related to mental health symptoms, substance abuse, chronic physical illness, early mortality
- Has impact at the molecular, clinical and population level

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Adverse Childhood Experiences Study

- The ACE study was a research collaboration between CDC and the Kaiser Permanente Health Appraisal Clinic in San Diego that took place from 1995 to 1997.
- The study examined health outcomes of over 17,000 Kaiser members in relation to events in their childhood.
  - Each of the participants was asked a range of questions about Adverse Childhood Experiences (ACEs) and various health outcomes.
- The study found that adults who reported **multiple adverse experiences in childhood** were much **more likely to suffer a range of negative health and social outcomes in adulthood**
  - including depression, substance use, alcoholism, smoking, suicide, heart disease, lung disease, injuries, HIV/sexually transmitted diseases, and impaired work performance.

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Impact of Trauma Over the Life Span

Effects of adverse childhood experiences:

- neurological
- biological
- psychological
- social

(Felitti et al., 1998)

Death

Conception

Early Death

Disease, Disability, and Social Problems

Adoption of Health-risk Behaviors

Social, Emotional, and Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
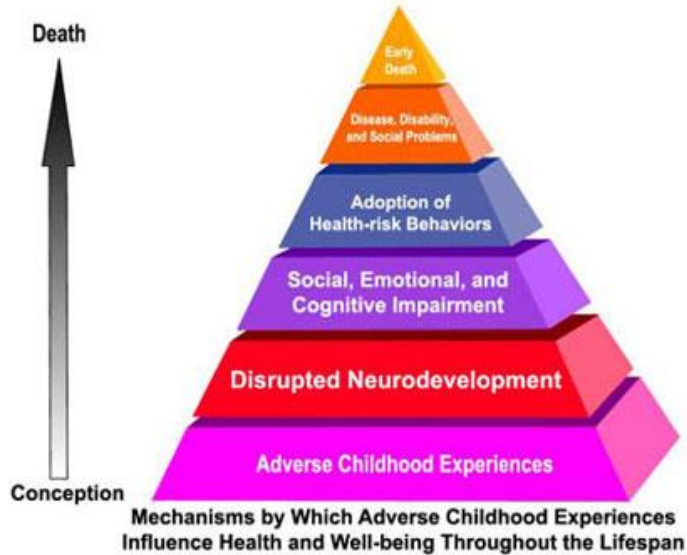
Aces and Negative Outcomes

ACEs and Negative Outcomes

- Depressed Mood for 2+ Weeks in Past Year
- Current Smoker
- Ever Used Illicit Drugs
- Considers Self an Alcoholic
- Ever Attempted Suicide
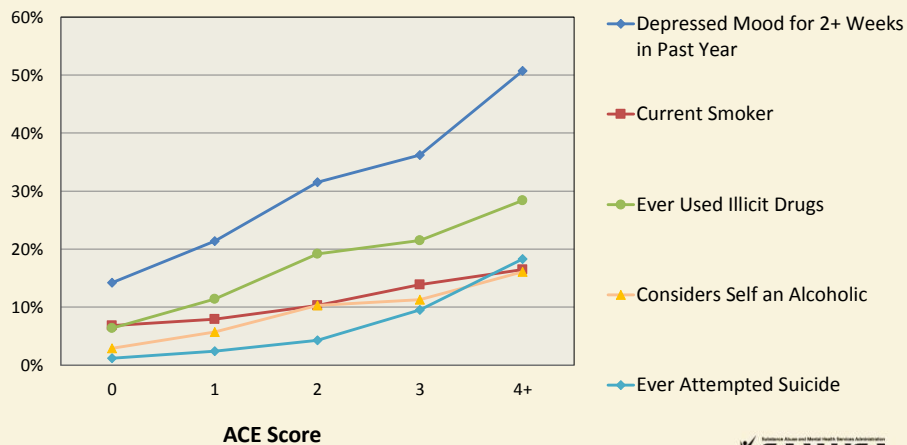
ACE Score

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Childhood Experiences and Adult Alcoholism

% Alcoholic (y-axis): 0, 2, 4, 6, 8, 10, 12, 14, 16, 18

ACE Score

- 0
- 1
- 2
- 3
- 4+
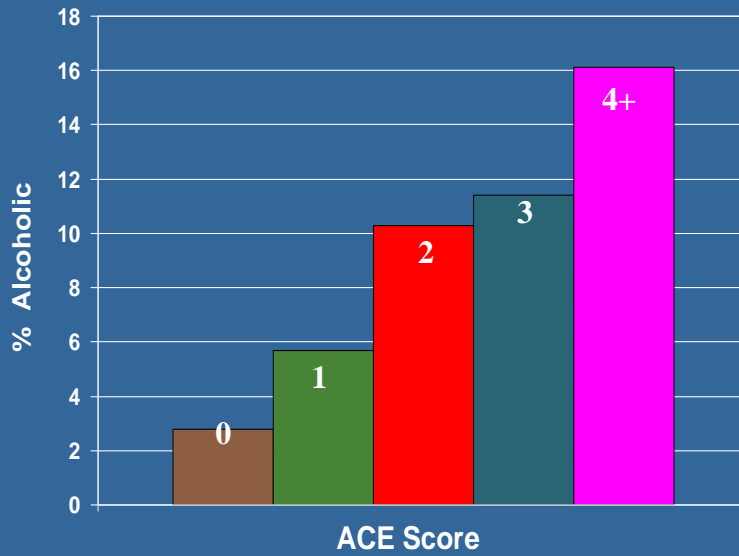
ACE Score and Intravenous Drug Use

% Have Injected Drugs (y-axis): 0, 0.5, 1, 1.5, 2, 2.5, 3, 3.5

ACE Score: 0, 1, 2, 3, 4 or more
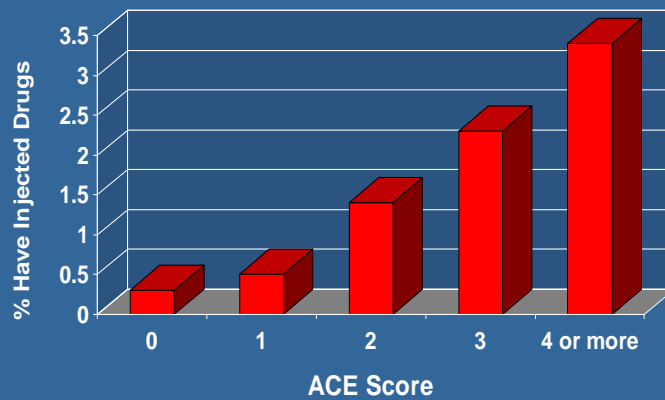
N = 8,022   p<0.001

Adverse Childhood Experiences and Likelihood of > 50 Sexual Partners

Bar chart: Adjusted Odds Ratio (y-axis, 0 to 4) vs ACE Score (x-axis: 0, 1, 2, 3, 4 or more). Bars increase: approximately 1, 1.6, 2.2, 3, 3.1.

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https://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf
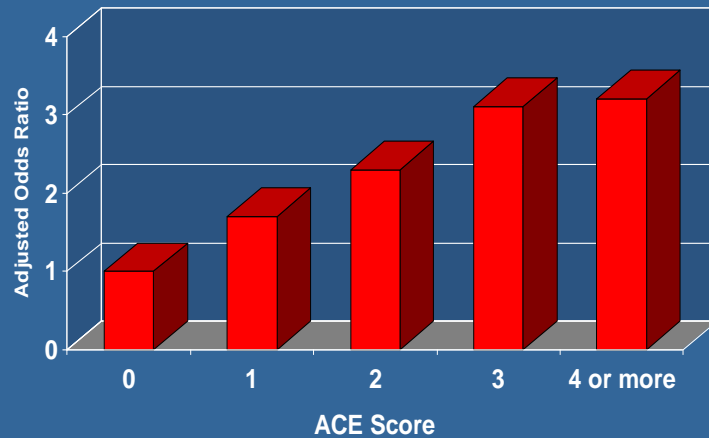
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by
SAMHSA's Trauma and Justice Strategic Initiative
May 2014

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The Three E's

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

A Trauma-Informed Approach (Four R's)

A trauma-informed program, organization, or system:

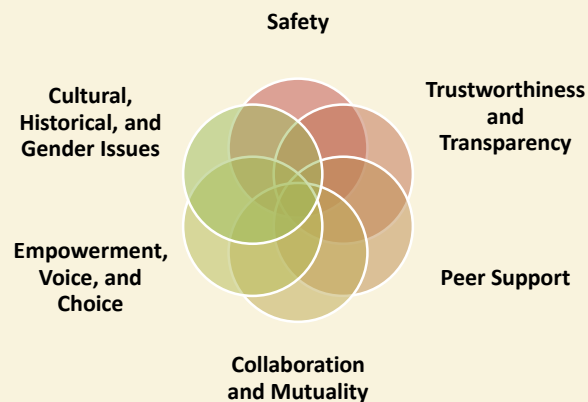|	
Realizes	• Realizes widespread impact of trauma and understands potential paths for recovery
Recognizes	• Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system
Responds	• Responds by fully integrating knowledge about trauma into policies, procedures, and practices
Resists	• Seeks to actively resist re-traumatization.

From SAMHSA's Concept Paper

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Key Principles of a Trauma-Informed Approach

Safety

Cultural, Historical, and Gender Issues

Trustworthiness and Transparency

Empowerment, Voice, and Choice

Peer Support

Collaboration and Mutuality

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Guidance Domains for a Trauma-Informed Approach

- ❑ **Governance and leadership**
- ❑ **Policy**
- ❑ **Physical environment of the organization**
- ❑ **Engagement and involvement**
- ❑ **Cross sector collaboration**
- ❑ **Screening, assessment, and interventions**
- ❑ **Training and workforce development**
- ❑ **Progress Monitoring and Quality assurance**
- ❑ **Financing**
- ❑ **Evaluation**

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What is Engagement in Care?

"Patient activation" refers to a patient's knowledge, skills, ability, and willingness to manage his or her own health and care.

"Patient engagement" is a broader concept that combines patient activation with interventions designed to increase activation and promote positive patient behavior, such as obtaining preventive care or exercising regularly. Patient engagement is one strategy to achieve the "triple aim" of improved health outcomes, better patient care, and lower costs. *

* See "Patient Engagement," Health Policy Brief, February 14, 2013 in Health Affairs, Robert Woods Johnson Foundation at: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_86.pdf

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Pre-Office Visit

On-line self-screening options	Ease of scheduling	Accessibility	Health navigator

Waiting Room

Educational Materials	Screening Kiosks	Confidentiality	Physical Environment

Medical/Clinical Visit

Peer Support	Screening/Assessment	Trauma Treatment	Client Driven Care

Post-Office Visit

Warm Referral/Supported Referral	Linkage to community supports	Peer Support	Coordinated/Integrated Services

Trauma-Informed Engagement

It's not just what you do, but also how you do it

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Engagement and Involvement

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					

Engagement and Involvement	• How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services? • How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a difficulty processing information? • How is transparency and trust among staff and clients promoted? • What strategies are used to reduce the sense of power differentials among staff and clients? • How do staff members help people to identify strategies that contribute to feeling comforted and empowered?

Policy

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					

Policy	• How do the agency's written policies and procedures include a focus on trauma and issues of safety and confidentiality? • How do the agency's written policies and procedures recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery? • How do the agency's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed as part of staff orientation and in-service training? • How do human resources policies attend to the impact of working with people who have experienced trauma? • What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in meaningful and significant roles in agency planning, governance, policy-making, services, and evaluation?

Physical Environment

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					

Physical Environment	• How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff? • In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this? • How has the agency provided space that both staff and people receiving services can use to practice self-care? • How has the agency developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities).

Screening, Assessment, Treatment Services

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					

Screening, Assessment, Treatment Services	• Is an individual's own definition of emotional safety included in treatment plans? • Is timely trauma-informed screening and assessment available and accessible to individuals receiving services? • Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services? • How are peer supports integrated into the service delivery approach? • How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment? For instance, are gender-specific trauma services and supports available for both men and women? • Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding? • How are these trauma-specific practices incorporated into the organization's ongoing operations?

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Training and Workforce Development

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					

Training and Workforce Development	• How does the agency address the emotional stress that can arise when working with individuals who have had traumatic experiences? • How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions? • How does the organization ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions? • How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety? • How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors. • What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work? • What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?

What is a Trauma Narrative?

- The traumatic event(s)
- The impact on one's life
- The meaning one has made out of what happened
- The beliefs one carries about who one is and who one is capable of becoming
- The growth and healing journey

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Story-telling and Healing

- ## Personal narratives:
  - Organize experience, help us make sense of what has taken place
  - Lay the groundwork for survivors to develop hope about the future
  - Can also be told through spoken word, music, dance or movement, drumming, art, and writing
  - Are on-going works in progress over the course of our lives

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Co-Chair, Federal Partners Committee
   on Women and Trauma

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Human Services Department

Dually Certified Mental Health & Substance Use Treatment Program

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Meet a few of our staff…..

Ms. Laura Haas is a State Certified Peer Specialist; she joined UCC as a staff on 8/29/2016

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In 2016, HSD served:

- 718 clients; including 213 through residential treatment
- 66% of the individuals served in residential treatment presented with opioid-related disorders
- Over 140 children and relatives with support services

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Unique aspects

- 1 of 4 organizations that provide residential treatment in Milwaukee County; 1 of 2 organizations with the capability to accept mothers with their children and pregnant women into treatment
  - Only program with a complete continuum of care for men and women
  - Only program offering monolingual Spanish treatment/services at all levels of care

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Unique aspects (cont.)

- Only treatment site that serves as an Access Point to Milwaukee County's public sector substance use services delivery system
- Only community based treatment facility that has a collaborative engagement with a Federally Qualified Health Center (16th Street Community Health Center)

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Unique aspects (cont.)

- Continuum of care ~ Residential; Day Treatment; SUD Outpatient Treatment
- Mental Health Care, Outpatient
- Alumni Group
- Culturally competent/Language specific
- Gender Specific/Responsive
- Co-occurring approach
- Family Focused approach

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Unique aspects (cont.)

- Trauma Informed/Responsive Care
- EBPs ~
  - Trauma Recovery and Empowerment Model (TREM and MTREM)
  - Boston Consortium Model (BCM)
  - Helping Women Recover/Helping Men Recover (Dr. Stephanie Covington)

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MAI-CoC
Vida, Salud, Esperanza (VSE) project

- Provides integrated behavioral health care, HIV/AIDS prevention and medical care
- Serves Hispanic men and women at high risk for behavioral health disorders (BHD) and high risk for or living with HIV
- Operates within the context of UCC's "one-stop-shopping" multi-program community center serving Milwaukee's Hispanic community
  - ✓ This is an integrated project with medical care integrated off site

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Vida, Salud, Esperanza Goals

1) Provide HIV testing to identify BHD clients unaware of their HIV status
2) Diagnose HIV among BHD clients
3) Assist participants in adhering to and being retained in BHD treatment
4) Link clients to medical care and HIV care
5) Appropriately serve HIV+ clients:
    - Retain clients in HIV medical care
    - Facilitate clients receiving and adhering to antiretroviral therapy (ART)
    - Support clients in having sustained viral suppression

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Vida, Salud, Esperanza
Trauma Services

- Trauma Recovery and Empowerment Model (TREM), an approach that considers the context of historical trauma within which a large proportion of both men and women develop behavioral health disorders (BHD)
- Boston Consortium Model (BCM): Trauma-Informed SUD Treatment for Women Program, which addresses gender-specific issues common to women with BHD
- Helping Women Recover/Helping Men Recover (Dr. Stephanie Covington)

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Vida, Salud, Esperanza
Baseline Trauma Symptoms

- 80% of clients reported lifetime trauma (N=172 of 215)
- 78% of clients completing a measure of PTSD had scores consistent with a PTSD diagnosis (N=134 of 172)
- 85% of clients had PTSD scores considered moderate or severe (N=146 of 172)

Measure=PTSD Symptom Scale (PSS)
N=215 baseline PSS interviews completed through April 30, 2017

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Vida, Salud, Esperanza
Lessons Learned

- Trauma informed care ~ across program
- Clinicians were trained on site
- Many clients entering treatment are not ready to address the traumatic events
- Building trust is essential
- We are in the process of bringing Seeking Safety into the residential level of care
- Building on safety concepts before addressing trauma

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Resources

Seeking Safety curricula
http://www.treatment-innovations.org/seeking-safety.html

Dr. Stephanie Covington's curricula
http://www.stephaniecovington.com/books-and-curricula.php

"Helping Women Recover"
http://www.stephaniecovington.com/helping-women-recover-a-program-for-treating-addiction.php

"Helping Men Recover"
http://www.stephaniecovington.com/helping-men-recover-a-program-for-treating-addiction1.php

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Questions & Answers

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Next Webinar

Tuesday, June 20, 2017
1:00-2:00PM

EBPs Supporting Quality of Life Improvements for PLWH
with Substance Use and Mental Disorders

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Onsite Trainings for MAI-CoC Grantees

- **Motivational Interviewing**
- **Using GPRA/TRAC Data for Program Sustainability**
- **Trauma-Informed Care**
- **Whole Health Action Management**
- **SBIRT**
- **Integrated Practice Assessment Tool (IPAT) Consultation and Planning**

- **Medication Assisted Treatment 101**
- **Achieving Cultural Competence in Behavioral Health and HIV Service Delivery**
- **Case Management to Care Management Training**
- **Mastering Supervision**
- **Staff Wellness**

https://form.jotform.com/63356260032952

Contact: integration@thenationalcouncil.org

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2017 MAI-CoC Grantee Meeting

Reminder for Project Directors

Registration:

- Please register for the meeting **by May 31** at this link: **https://form.jotformpro.com/70746133235957**
- Two participants from the MAI-CoC grant (FOA TI-14-013) must include the project director or project coordinator and one other staff member directly involved in the MAI-CoC. Participants must be cleared through their project director.

Hotel Accommodations:

- The cut-off date for making hotel reservations is **June 9, 2017**.
- A room-block at the government rate of $172 per night (plus tax and fees) has been reserved for your convenience at the EVEN Hotel Rockville for the nights of July 9 and 10 (check-in: July 9; check-out: July 11).
- Call the hotel at 855-879-3836 or 301-881-3836.
  - USE THE REFERENCE: "SAMHSA MAI-CoC Grantee Meeting" and Meeting Code # E54

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